but malaria transmitting *Anopheles* mosquitoes do not breed in sewer water.

The Govt, of India has a well defined Programme *viz.* National Vector Borne Disease Control Programme (NVBDCP) for control of malaria in the country adopting strategies which include surveillance, early diagnosis and prompt treatment of cases, sustainable vector control including Indoor Residual Spray with insecticides treated bednets, use of larvivorous fish etc. besides Training & Information, Education and Communication to enlist community involvement. Urban Malaria Scheme is also being implemented in 131 Towns in the country to reduce density of mosquitoes and to prevent spread of malaria.

National Population Policy

4729. SHRI T.S. BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have reviewed National Population Policy, 2000;

(b) if so, when and the details thereof;

(c) whether Government are aware of a United Nations Report that India's population may cross China's population by 2050; and

(d) if so, what steps Government propose to take to tackle the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

(b) Does not arise.

(c) Yes, Sir.

(d) The steps being taken by government for population stabilization in the country include-adoption of National Population Policy (NPP), constitution of the National Commission on Population, establishment of the Janasankhya Sthirata Kosh and constitution of an Empowered Action Group (EAG) for focused attention on demographically weaker States. The Reproductive and Child Health (RCH) Programme launched by Government in 1997 for provision of comprehensive reproductive, maternal, child heajth and contraceptive service to the people has reached its 2nd Phase for providing more comprehensive and integrated services.

The Government has recently launched the National Rural Health Mission throughout the country, with special emphasis on 18 States *i.e.* Assam,

Arunachal Pradesh, Sikkim, Nagaland, Manipur, Mizoram, Orissa, Meghalaya, Tripura, Bihar, Jharkhand, Uttaranchal, U.P., Madhya Pradesh, Rajasthan, Chhattisgarh, Himachal Pradesh and Jammu and Kashmir.

Task Group-3 Recommendations

4730. SHRI A. VIJAYARAGHAVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Task Group-3 recommendation would be a part of the National Rural Health Mission;

(b) if so, the details including steps proposed or to be taken to implement above recommendations and regions/districts covered under above programme, State-wise as on today;

(c) whether Task Group-3 report envisaged Indian Public Health Standards (IPHS), and prescribed a minimum functional rate of Community Health Centres;

(d) if so, the details thereof;

(e) whether there is any proposal for Community based social audit in IPHS; and

(f) if so, the details thereof alongwith the details of New Hospitals Registration System to be introduced for monitoring the functioning of hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) Task Group 3 has recommended strengthening of public health infrastructure through provision of CHC/PHC/SC as per 2001 population norm; maintenance and upgradation of existing infrastructure; pooled health manpower, quality norms and decentralization of processes for procurement and logistic arrangements. The Mission aims to address these issues in a systematic and phased manner, based on availability of funds.

(c) Yes, Sir.

(d) Task Group-3 has framed guidelines for the IPHS for CHCs aimed to provide quality health care services. The IPHS defines a minimal level of infrastructure, manpower, managerial services and quality benchmarks which shall be followed at CHC level.